



## Missouri Pharmacy Program – Preferred Drug List



### Oral AntiDiabetics: Biguanides

*Effective 04/13/2005*

*Revised 10/02/2014*

#### Preferred Agents

- Metformin HCl
- Metformin ER (gen GlucophageXR)

#### Non-Preferred Agents

- Fortamet®
- Glucophage®
- Glucophage XR®
- Riomet®
- Glumetza®
- Metformin ER (gen Fortamet)

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents <ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul>	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030